

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Developmental Disabilities

RISK ASSESSMENT/PLAN

INDIVIDUAL'S NAME (Last, First, M.I.)

DATE

PART I – ASSESSMENT OF RISKS

CRITICAL DOCUMENTATION:

The Risk Assessment/Plan is used to identify health and safety risks that could compromise the individual's quality of life. It should identify what could be done differently to minimize or eliminate the risk. Any Risk Assessment Plan document should be simple, straightforward, visible and readily available to the staff working directly with the individual. The examples on the reverse may assist in determining whether a Prevention/ Risk Assessment Plan is required.

- Every consumer of the Division must be assessed for risk. If risks of health and safety are determined, then a Risk Assessment Plan must be developed. The Risk Assessment/Plan must be developed with the individual, the responsible person and the Planning Team.
- The Plan should be reviewed and updated as needed during every review, minimally at the Annual Planning Meeting or at any time a risk has been identified.
- Consider normal and unusual risks for the individual in various areas of the person's life and discuss preventative measures. Consider the individual's strengths and abilities including involvement of: family, friends, team members, and community resources.
- If the person is ALTCS eligible and receiving Attendant Care, Habilitation Independent (HAI), Housekeeping, or Respite in a non-licensed setting, a Risk Assessment/Plan Back-up Contact Sheet (DDD-1309B) must be completed. The plan **MUST** develop an adequate back-up plan in the event the service provider does not show up to provide the service (i.e. who will verify direct care staff/service provider showed up, who will be contacted in the event the staff "no showed", what steps will be taken to **remedy the issue and service within 2 hours, need services today, 48 hours or within the next scheduled visit?**)
- If additional space is required, please use an ISP Continuation Page. If additional risks are identified, use an additional form.

The signature below indicates the team has assessed and determined that a Risk Assessment is **NOT** necessary. (*Not an option for IDLAS or for individuals receiving Attendant Care, Habilitation Independent (HAI), Housekeeping or Respite services funded by ALTCS*).

INDIVIDUAL/RESPONSIBLE PERSON'S SIGNATURE

DATE

SUPPORT COORDINATOR'S SIGNATURE

DATE

PART II – RISK ASSESSMENT PLAN

WHAT IS THE IDENTIFIED RISK? (Refer to examples on reverse)

WHERE DOES THE RISK HAVE THE POTENTIAL OF OCCURRING? (Check all that apply)

☐ Home☐ Work☐ School☐ Day Program☐ During Transport☐ Community/Leisure☐ Other (specify)

WHAT IS CURRENTLY WORKING TO PREVENT THE RISK? OR DESCRIBE OTHER MEASURES CURRENTLY IMPLEMENTED TO PREVENT THE RISK.

WHAT RESOURCES, SUPPORTS, OR SERVICES WOULD MINIMIZE THE RISK? (Refer to examples on reverse)

WHO CAN HELP WITH PREVENTION MEASURES? (Check all that apply)

☐ Parent/responsible person☐ Primary Care Provider☐ Support Coordinator☐ Direct Care Provider (specify)☐ Teacher/Aid (specify)☐ Other (specify)

PART III – BACK-UP PLAN

IS THE PERSON ALTCS ELIGIBLE AND RECEIVING ATTENDANT CARE, HABILITATION INDEPENDENT (HAI), HOUSEKEEPING OR RESPITE IN A NON-LICENSED SETTING? (If yes, complete a Risk Assessment/Plan Back-Up Contact Sheet (DDD-1309B))

☐ Yes ☐ No

Routing: **Original** – DDD Consumer Record; **Copy** to all team members and direct care staff; **Copy** to District Coordinator

What is the identified risk? (*Risks by category: Below are some **examples** of areas that risks might be identified*)

- **Risks associated with a history of life threatening behavior:** Individual attempted suicide, person has ingested foreign objects.
- **Risks associated with medical issues that could compromise quality of life:** History of ambulation concerns, allergies, asthma, bone density concerns, bronchitis, cardiac, catheter, colostomy, chokes easily, history of aspiration or pneumonia, diabetes, dietary, falls, G/J tube, other medical equipment, hearing/vision impairment, high blood pressure, infection, memory loss, pneumonia, pulmonary, seizures, skin break down, ventilator dependent.
- **Risks associated with behavioral issues that could jeopardize quality of life:** Runaway risk, suicidal thoughts, Pica, verbal/physical aggression, depression/mood disorders or any mental illness, invades personal space, self-abusive, property destruction, and difficulty understanding consequences.
- **Serious incident of any type during the past year:** Team should review incident and determine whether any trends have occurred and any way to have prevented the incident from occurring.
- **Risks associated with safety/self-help:** Lacks stranger/danger skills, for those individuals whose provider(s) does not show up and would not be able to meet most basic personal needs, such as: dressing, cooking, feeding, bathing, difficulty with communication, cannot self-medicate, difficulty with reading and comprehension, at risk of exploitation, cannot use the telephone, etc. For infants and children, consider developmental age appropriateness of the skills and therefore would not generally require a Risk Assessment Plan. For example: age 2 and above would lack stranger/danger skills and would be curious; would not be expected to self-medicate, cook, or bathe self.
- **Risks associated with life events suggesting a reevaluation of risks:** Does not adjust well to change, change in household composition, family member dies and person is demonstrating self-abuse/aggression, new health diagnosis/disabling condition, family move or abandonment of support system.
- **Risks associated with providers not showing up to provide needed services:** Requires assistance with bathing, toileting, dressing, eating, transferring to or from the individual's bed and wheelchair and other daily activities. Services include Attendant Care, Habilitation Independent (HAI), Housekeeping and Respite.

What resources, supports, or services would minimize risk? (*Below are some examples of supports or services to minimize risks*)

RBHA assistance, counseling, Primary Care intervention, family/friend involvement, change in program and/or residential environment, mentoring, community participation, medication review, Behavior Treatment Plan/revision of plan, consulting services, Division services, direct care staff, school, other?

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